ŀ	MULTIPLE DEPENDENT CLAIM								SERIAL NO. 10/535458				FILING DATE		
ŀ	FEE CALCULATION SHEET							[0]	<u>99</u> 3	14.5	8				
<u></u>	(FOR USE WITH FORM PTO-875)  APPLICANT(S)														
<u></u>	CLAIMS														
	AS FILED AFTER				AFTER				AS FILED		AFTER		AFTER		
			1ª AMENDMENT		2 amendment						1" AMENDMENT		2 <sup>™</sup> AMENDMENT		
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## BEST AVAILABLE COPY